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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET N		EY DOCKET NO.	CONFIRMATION NO.	
10/826,768 TITLE OF INVENTIO APPARATUS	04/16/2004 N: ADDRESS TRAN	SLATING PROGRAM,	Kaori Miyata ADDRESS TRANSLA	IING METHOD,		828.70302 ADDRESS TRANS	1275 SLATING	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/12/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SCHEIBEL, ROBERT C		2419	370-389000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent): $\Box$	Individual 🛚 Co	rporation	or other private gro	oup entity 🚨 Government	
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Authorized Signature	/Tiep H. Nguyen	/ Reg. No. 44,465		Date <u>Febr</u>	uary 10	0, 2009		
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